## FORM A PETITION FOR TESTING ACCOMMODATIONS

(Please print or type; must be legible) (To be completed by the applicant)

I.	BACKGROUND INFORMATION			
1.	Registration Number (Social Security Number):			
2.	Applicant's Name:			
	First Middle Last			
3.	Mailing Address:			
	City State Zip Code			
4.	Daytime Telephone Number:			
5.	I have either applied for or intend to take the following examination:			
	☐ Bar Examination ☐ First-Year Law Students' Examination			
	e note: An examination application must be completed separately and filed by the establish nes contained in the application instructions and addendum.	nec		
6.	Date of the examination lintend to take:			
7.	Requested Test Center Location: ☐ Los Angeles ☐ San Francisco ☐ Sacramento ☐ San Diego			
8.	I intend to take the examination by either: ☐ Writing ☐ Typing ☐ Dictating			
Fran	<b>e note:</b> The First-Year Law Students' Examination is administered only in the Los Angeles and S isco areas. The exact location of your assigned test center will be communicated to you follow deration of your petition.			
9.	Have you previously taken the Bar Examination or First-Year Law Students' Examination?: $\Box$ <b>YES</b> $\Box$ <b>NO</b>			
	If Yes, which examination(s):			
10.	If ves. did you request testing accommodations to take the examination(s)?	2		

## II. DISABILITY DESCRIPTION AND ACCOMMODATION HISTORY 1. What is your disability?: 2. Describe your functional limitations related to your disability that directly affect your ability to take the examination: 3. When did you first acquire the disability (approximate date and age)?: 4. When was the disability first diagnosed by a treating professional (date and age)?: By whom (name, occupation, specialty)?: 5. 6. What treatment is currently being prescribed?: 7. By whom (name, occupation, specialty)?: 8. Were you granted testing accommodations to take a standardized test in the past (e.g. SAT, GRE, LSAT, MPRE)?: □ YES □ NO If yes, provide all the test name(s), date(s) and accommodations granted; if not, explain why not (attach additional sheets if necessary): 9. Were you granted testing accommodations in law school?: ☐ **YES** If yes, please list the accommodations granted. In addition, have FORM F completed by each law school where you received accommodations and have the form forwarded to the Office of Admissions to complete your petition file. If not, explain why not:

10.	Did you receive testing accommodations o	n any other state's par examination?.			
	□ YES □ NO				
have	If yes, have FORM G completed by each jurisdiction where you received accommodations and have the completed form returned to the Office of Admissions to complete your petition file.				
III.	ACCOMMODATION REQUESTS				
Based on your specific disabilities, what testing accommodations do you believe are necessary to take the examination? (Check below all specific accommodations you believe are necessary. Tables, chairs and lighting will be standard unless a specific request related to your disability is requested and granted. Requests for changes to accommodations granted or additional accommodations must be submitted in advance of the examination and will not be considered on the day of the examination. Please note that the accommodation of extended time needs additional specific information.)					
☐ Bra ☐ Au ☐ Lar ☐ (che ☐ Wo ☐ Co ☐ ava ☐ Pri ☐ Se ☐ Ext ☐ Oth  Archi	native Formats  aille Version of the Examination dio Cassette Version of the Examination ge Print Examination Materials eck one: □ 18 pt or □ 24 pt.) ord Processor mputer (only if software is ailable to restrict access) vate Room mi-private Room tended Time (complete section on page 4) her itectural/Environmental ribe (e.g. wheelchair access, temperature of	Personal Assistance  Dictate to a Tape Recorder Dictate to a Typist Reader Scribe Assistance with multiple-choice answer sheet (Scantron sheet)			
Permission to Bring Your Own Special Furniture or Equipment Describe (e.g. footstool, ergonomic chair, word processor, computer, etc.)					
Permission to Bring Personal Items  Describe (e.g. medications, lamp, wrist splints, ice and ice-chest, etc.)					

Please provide rationale for requests indicated:		
Accommodation of Extra Time		
Specify the amount of <b>additional time</b> requested for each session of the examination. Indicate what additional specified time is needed and the rationale for the amount of time for each test format of the examination. The Bar Examination has six 3-hour sessions (three essay questions or or performance test or 100 multiple-choice questions per session) and the First-Year Law Student Examination has one 4-hour session for administration of its four essay questions and one 3-hossession where 100 multiple-choice questions are administered.		
All requests for additional time must specify the exact amount of additional time. Timing is no interrupted during a session; total time granted includes breaks, except—the lunch break Applicants will not be allowed to leave the secured test center for the lunch break if it occu during a session. No accommodation of unlimited time will be granted. If additional testing is requested, but the specific amount of additional time is not indicated, the petition we be returned as incomplete.		
Essay: Specify the amount of additional test time needed per session and rationale:		
Performance Test: Specify the amount of additional test time needed per session and rationale		

Multiple-Choice: Specify the amount of additional test t	ime needed per session and rationale:
Limited Testing Time: Specify amount of time limitation for time limitations are needed:	each test day (e.g. 6 hours a day) and why
IV. APPLICANT'S SIGNATURE	
I am aware that it is my responsibility to file a complete per and understand that it will be returned to me if found to be supporting affidavits or documents in legible form. I under soon as possible, but no later than the date specified in the instructions for each examination.	e incomplete. I have attached all original erstand that this petition should be filed as
I declare under penalty of perjury under the laws of the St is true and correct. I understand that false statements admission to practice law in California based on moral ch	made herein could result in denial of my
(Applicant Signature)	(Date)

The Committee of Bar Examiners reserves the right to make final judgement concerning testing accommodations and may have all documentation related to this matter reviewed by appropriate specialists or consultants if deemed necessary.